Case 17-17178-VFP Doc 59 Filed 12/06/21 Entered 12/06/21 12:11:01 Desc Main Document Page 1 of 7

			<u> </u>	
Fill in this	information to identi	fy your case:		
Debtor 1	John Considine			
I	First Name	Middle Name	Last Name	
Debtor 2	Christa Considin	е		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	DISTRICT OF NEW JEI	RSEY, NEWARK DIVISION	
Case number 2:	:17-bk-17178			
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

you	original forms, you must fill out a new Summary and check the box at the top of this page.		,
Par	1: Summarize Your Assets		
			r assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$_	193,899.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	11,687.41
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	205,586.41
Par	t 2: Summarize Your Liabilities		
			r liabilities ount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	276,631.26
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & Chedule E/F	\$_	9,081.59
	Your total liabilities	\$	285,712.85
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$_	4,963.71
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	4,542.20
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other.	ner sche	edules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a per purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.	ersonal,	family, or household

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Debtor 1 Debtor 2	Considine, John & Considine, Christa	Case number (if known)		7178	
	the Statement of Your Current Monthly Income: Copy your total curr1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ent monthly income from Off	cial Form	\$	4,178.17

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this information to identify your case:		
Debtor 1 John Considine		
Debtor 2 Christa Considine (Spouse, if filing)		
United States Bankruptcy Court for the: DISTRICT OF	NEW JERSEY, NEWARK DIVISION	
Case number 2:17-bk-17178		Check if this is: ☐ An amended filing
Official Form 106I		A supplement showing postpetition chapter 13 income as of the following date: 1/01/2019 MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Describe Employment			
1.	Fill in yo	our employment tion.		Debtor 1	Debtor 2 or non-filing spouse
	•	ve more than one job,	Employment status	■ Employed	■ Employed
		attach a separate page with information about additional		☐ Not employed	☐ Not employed
	employer	s.	Occupation		
		part-time, seasonal, or loyed work.	Employer's name	United Medical Tech	Alta Resources
		ion may include student or ker, if it applies.	Employer's address	2195 Andrea Ln Fort Myers, FL 33912-1903	120 N Commerce St Neenah, WI 54956
			How long employed th	nere? <u>1 years</u>	
		Ohre Detelle Alicest Manual			

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,120.00 2,701.12 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,120.00 2,701.12

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Considine, John & Considine, Christa	_	Case number (if known)	2:17-bk-17178
				For Debtor 1	For Debtor 2 or non-filing spouse
	Сор	y line 4 here	4.	\$ 3,120.00	\$ 2,701.12
5.	List	all payroll deductions:			
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 342.68	\$ 296.75
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 162.07
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00
	5e.	Insurance	5e.	\$ 0.00	\$ 38.03
	5f.	Domestic support obligations	5f.	\$ 0.00	\$ 0.00
	5g.	Union dues	5g.	\$ 0.00	\$ 0.00
	5h.	Other deductions. Specify: United Way	5h.+	0.00	+ \$ 8.67
		Life Insurance	_	\$ 0.00	\$ 9.21
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.	\$ 342.68	\$ 514.73
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 2,777.32	\$ 2,186.39
8.		all other income regularly received:	••	<u> </u>	<u> 2,100.33</u>
0.	8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$ 0.00
	8b.	Interest and dividends	8b.	\$ 0.00	\$ 0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ 0.00
	8d.	Unemployment compensation	8d.	\$ 0.00	\$ 0.00
	8e.	Social Security	8e.	\$ 0.00	\$ 0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$ 0.00
	8g.	Pension or retirement income	8g.	\$ 0.00	\$ 0.00
	8h.	Other monthly income. Specify:	8h.+	\$ 0.00	+ \$ 0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$0.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2,777.32 + \$	2,186.39 = \$ 4,963.71
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not available:	ependent		
12.		the amount in the last column of line 10 to the amount in line 11. The result is amount on the Summary of Schedules and Statistical Summary of Certain			
13.	Do v	ou expect an increase or decrease within the year after you file this form?	?		Combined monthly income
		No.			
		Vec Evoluin:			

Official Form 106l Schedule I: Your Income page 2

Fill	in this information	n to identify yo	ur case:					
						O.	ala if alaina in	
Deb	otor 1	John Consid	ine			Chec	ck if this is: An amended filing	
Deb	otor 2	Christa Cons	sidine				A supplement show	ing postpetition chapter 13
(Spo	ouse, if filing)					_	expenses as of the	following date:
Unit	ed States Bankrup	tcy Court for the:	DISTRI	CT OF NEW JERSEY, NE DN	WARK	-	2/28/2019 MM / DD / YYYY	
!	e number 2:17	7-bk-17178						
	fficial For							
So	chedule .	J: Your E	Expen	ses				12/1
info (if k	ormation. If mor known). Answer t 1: Describ	e space is nee every questio e Your Housel	ded, attad n.	If two married people are	filing together, both orm. On the top of a	h are equall iny addition	y responsible for s al pages, write you	supplying correct ur name and case numbe
1.	Is this a joint o							
	_		n a senara	te household?				
	■ No			al Form 106J-2, <i>Expenses</i>	for Separate Househ	oldof Debto	· 2.	
2.	Do you have o	•	■ No					
	Do not list Deb Debtor 2.	tor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state th	e						□ No
	dependents na	imes.			-			Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.	yourself and y	eople other th our dependen	an its? □	No Yes				
Par		e Your Ongoin		y Expenses optcy filing date unless yo	ou are using this for	m as a sun	nlement in a Chant	ter 13 case to report
exp				is filed. If this is a suppl				
valı		stance and hav		overnment assistance if the dit on Schedule I: Your I	•		Your exp	enses
4.		home ownersh any rent for the		ses for your residence. In lot.	clude first mortgage	4. \$		1,600.00
	If not included	d in line 4:						
	4a. Real est	ate taxes				4a. \$	3	0.00
	4b. Property	, homeowner's,	or renter's	insurance		4b. \$	·	0.00
				pkeep expenses		4c. \$		25.00
5		ner's association			no oquity loops	4d. \$ 5. \$		0.00
5.	Additional Mo	rtuaue pavme	iiis ior vo	ur residence, such as hon	ie equity ioans	ວ. ນ)	0.00

	Considine, John & Considine, Christa	Case num	ber (if known)	2:17-bk-17178
	Jtilities:			
	Sa. Electricity, heat, natural gas	6a.	\$	100.00
	6b. Water, sewer, garbage collection	6b.	\$	70.00
	Sc. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
	6d. Other. Specify:	6d.	\$	0.00
	Food and housekeeping supplies		\$	650.00
	Childcare and children's education costs	8.	\$	0.00
	Clothing, laundry, and dry cleaning	9.	\$	150.00
	Personal care products and services	10.	\$	100.00
	Medical and dental expenses	11.	\$	150.00
	Fransportation. Include gas, maintenance, bus or train fare.		·	
	Do not include car payments.	12.	\$	300.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
٠.	Charitable contributions and religious donations	14.	\$	0.00
i.	nsurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.		•	
	15a. Life insurance	15a.	·	97.60
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.		267.00
	15d. Other insurance. Specify:	15d.	\$	0.00
	Faxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
	nstallment or lease payments:	4-	•	
	17a. Car payments for Vehicle 1	17a.	•	442.60
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify:	17c.		0.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report	as 1) 18.	\$	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106) Other payments you make to support others who do not live with you.	ı) . 10.	\$	
•		19.	Ψ	0.00
	Specify: Other real property expenses not included in lines 4 or 5 of this form or on <i>Sc</i> .		r Income	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	·	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.		0.00
	20e. Homeowner's association or condominium dues	20a. 20e.		0.00
		21.	·	
•	Other: Specify: Storage Unit			290.00
<u>'</u> .	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	4,542.20
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,542.20
	Calculate your monthly not income			· · · · · ·
	Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	¢	4 000 74
		23a. 23b.	· -	4,963.71
	22h Cany yayır manthly aynancas from line 22s above	23D.	-a	4,542.20
	23b. Copy your monthly expenses from line 22c above.	_00.		
	23c. Subtract your monthly expenses from your monthly income.		\$	421.51
		23c.	orm?	421.51
	23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . Do you expect an increase or decrease in your expenses within the year after	23c.	orm?	

page 2

					_
Fill in this in	formation to identify y	our case:			
Debtor 1	John Considine				1
20010	First Name	Middle Name	Last Name)	
Debtor 2	Christa Considir	ne			
(Spouse if, filing)	First Name	Middle Name	Last Name)	
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JEF	RSEY, NEWARK	DIVISION	
Case number	2:17-bk-17178				
(if known)					☐ Check if this is an amended filing
	ion About a	an Individual			12/15
obtaining money		n connection with a bankr			ement, concealing property, or 0, or imprisonment for up to 20
Sign	n Below				
Did you pay	y or agree to pay some	one who is NOT an attorn	ey to help you fil	II out bankruptcy forms?	
■ No					
☐ Yes. N	lame of person				nkruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
	ity of perjury, I declare e true and correct.	that I have read the sumn	nary and schedul	les filed with this declaration	on and
X /s/.loh	n Considine		X /e/ C	Christa Considine	
	Considine			rista Considine	
	re of Debtor 1			ature of Debtor 2	

Date **November 18, 2021**

Date **November 18, 2021**